

PROSPECTUS AND SALES LITERATURE

1. EXPLORE – ADVANTAGES

We believe you deserve distinct benefits for choosing Explore, and they come your way in the form of certain thoughtfully designed product and service features:

- Comprehensive travel insurance plans
- Innovative features and coverage options
- Region specific plans to suit your needs
- Complete support in any kind of medical or non-medical emergency

Explore – Highlights

- The product shall operate on an individual basis.
- For frequent fliers, option of Multi Trip.
- Per day rate.
- Option of Pre-existing Diseases cover for Life Threatening Medical Conditions.
- No age bar.
- Treatment even after returning to Country of Residence
- Unique Covers such as “Home to Home Cover”, “Automatic Trip Extension”, “Protection against VISA rejection” and “Adventure Sports Cover”.

2. GENERAL CONDITIONS APPLICABLE TO ALL BENEFITS

- I. Any Benefit shall be available only if the same is specifically mentioned in the Policy Schedule.
- II. Admissibility of a Claim under In-Patient Care (Clause 3.1.i) is a pre-condition to the admission of a Claim under Benefit 2(Daily Allowance), Benefit 3(Compassionate Visit), Benefit 4(Return of Minor Child), Benefit 5(Up gradation to Business Class),Optional(Life Threatening Condition for PED),Optional(Medical Expenses due to Accident only),Optional(Waiver of Deductible), Optional (Waiver of Sub-limit),Option of Co-Payment, Optional(Adventure Sports Cover) and the event giving rise to the Claim under In-Patient Care(Clause 3.1.i) shall be within the Period of Insurance for the Claim for such Benefit to be accepted.
- III. The maximum liability of the Company with regards to you for any and all Claims incurring under this Policy during the Policy Period for an insured event or occurrence that occurs during the Period of Insurance in relation to you shall not exceed the Sum Insured specifically mentioned against each & every Benefit individually in the Policy Schedule for you. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- IV. The currency of the Sum Insured shall correspond to the currency mentioned for respective Benefits.
- V. The Deductible/Time Excess and/or Co-payment amount specified in the Policy Schedule or as opted shall be borne by you on each Claim .We shall be liable to make payment under the Policy for any Claim in respect of you only when the Deductible/Time Excess and/or Co-payment (if applicable) on that Claim is exhausted.
- VI. Co-payment if opted will be applicable on each Claim for Hospitalization Expenses, Up-gradation to Business Class, Medical Evacuation, Life Threatening Condition for PED (if opted), Medical Expenses due to Accident only(if opted), Adventure Sports Cover(if Opted)
- VII. In case of Multi trip Policy is opted, then Optional Benefit 5: Refund of Visa fee cannot be opted for
- VIII. Coverage offered under this Policy is same for Single trip and Multi trip option

3. BENEFITS

The policy provides compensation for Medical Expenses incurred by you during hospitalization, for emergency care of any Illness or Injury suffered during the Period of Insurance along with other benefits specific to the selected Plan.

The brief coverage of these benefits is explained below:

3.1 Benefit 1: Hospitalization Expenses

The Company will indemnify you for Hospitalization Expenses necessitated due to Emergency Care of any Illness or Injury during the Period of Insurance which includes:

- i. **In-patient Care:** Indemnifies Medical Expenses incurred for your treatment as In-Patient Care for more than 24 hours for a covered event in a Hospital on account of Emergency Care of any Injury or Illness during the Period of Insurance.

For Hospitalization which is less than 24 hours , any Claim under this Benefit will be treated as Day Care Treatment

ii. Extension to In-patient Care:

A. Treatment at Country of Residence: If you are hospitalized as In-Patient Care under this Cover and you want to get back to your Country of Residence for the treatment of the same illness or injury; then at the approval of the Company, you are eligible to take Treatment at your Country of Residence within a maximum period of 30 consecutive days from the expiry of original Period of insurance.

We will also reimburse the reasonable cost of economy airfare (less any cancellation or refund fees) for you and one Travelling Companion to return to the Country of Residence from the place of occurrence of the Illness or Injury.

B. Sub-limits applicable:

Medical Expense	Sub-limit
Room Rent including boarding and lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day
ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day
Operation Theatre charges k(including Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim
Anesthesia	25% of the surgery cost payable
Ambulance Services	US \$ 500 per Claim / € 375 per Claim
Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim
Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim
Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim

iii. Out-patient Treatment: Indemnifies the Medical Expenses incurred for your treatment at the Out-patient department of a Hospital arising out of any Emergency Care related to Illness or Injury contracted during the Period of Insurance and such treatment is Medically Necessary in the opinion of a Medical Practitioner and does not require an overnight stay in Hospital.

3.2 Benefit 2: Daily Allowance

We will reimburse for a specified amount per day for each day of hospitalization as In-Patient Care, for a period of maximum up to 5 consecutive days per Claim, should the Insured be admitted to a Hospital for treatment of any Injury or Illness due to an Emergency during the Period of Insurance. However, a deductible of 2 days per claim shall be applicable.

3.3 Benefit 3: Compassionate Visit

In case there is no adult member of your Immediate family present at the place of hospitalization and it is medically necessary for an adult to be present at the Place of your hospitalization , We will reimburse the reasonable expenses incurred by an Immediate Family Member (one adult) towards the cost of a return economy class air ticket or equivalent by the most direct route, from the Country of Residence of such Immediate Family Member to the Place of hospitalization yours provided that the travel commences within your In-Patient Care Period of hospitalization and which is for more than 5 consecutive days and the Immediate Family Member’s return travel to the Country of Residence shall commence not later than the date of your return to the Country of Residence.

3.4 Benefit 4: Return of Minor Child

In case of your unfortunate death or hospitalization if no adult member of your immediate family is present to look after your minor child, We will reimburse the reasonable expenses incurred towards the cost of an economy class air ticket or equivalent (less any actual/possible refund)by the most direct route from the city of death or the place of your In-Patient Care hospitalisation to the Country of Residence of the minor child provided that the minor child is covered with same or another policy of the same Product and for the same period and such hospitalization is likely to be for more than 5 consecutive days and also the return travel of the minor child should commence within the Insured’s hospitalization.

In case, you do not opt for the above option and if an attendant is necessary to ensure the safety and welfare of minor child at the place of hospitalization. We will pay for the reasonable cost of transportation for the most direct and economical flight of the attendant from his/her origin or country of residence only if his travel commences within the 5 consecutive days of hospitalization of the Insured.

3.5 Benefit 5: Up-gradation To Business Class

In case you are hospitalized as In Patient-Care for Emergency treatment of any Injury or Illness sustained during the Period of Insurance for a period of 5 consecutive days and more and your return to the Country of Residence is

within 20 days of discharge from the hospital, the Company shall indemnify through re-imburement the cost for up-gradation to business class air travel by the most direct route from the place of your hospitalization to the Country of Residence, provided that you were not originally booked to return to the country of residence with a business class air ticket and no claim has been admitted under cost of economy airfare for returning to country of residence(Clause 3.1.2(A))

3.6 Benefit 6: Dental Treatment

We will indemnify, the medical expenses which cannot be delayed till your return back to the country of residence and which is incurred for “Dental Treatment” during the Period of Insurance in connection with any Injury to your Sound Natural Teeth or any Acute Pain to your Sound Natural Teeth during the Period of Insurance, excluding any pre-existing disease or injury, cementing or fixation, crowns, artificial tooth and any beauty or cosmetic or plastic/reconstructive surgery.

Note: Clause 10 c (g) under General Exclusions is superseded to the extent covered under this Benefit.

3.7 Benefit 7: Personal Accident

We will compensate the Policyholder/legal representative / Nominee/Legal heir with the lump sum payment (Sum Insured) in the event of the death or Permanent Total Disablement(PTD) of the Insured Person due to accidental bodily injury during the Period of Insurance or within twelve months from the date of occurrence of an injury occurred during the Period of Insurance as per the below table

S. No.	Event	% of the Sum Insured of this Benefit payable
1	Accidental Death	100%
2	Permanent Total Disablement (PTD) means A. The total and irrecoverable loss of sight of both eyes, or actual loss by Physical Separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and actual loss by Physical Separation of one hand or one foot; B. Loss of sight of one eye, or actual loss by Physical Separation of hand or foot;	100% 50%

The coverage under this Benefit shall be available on a worldwide basis.

3.8 Benefit 8: Common Carrier Accidental Death and Disability

We will compensate the Policyholder / Legal Representative/Nominee/Legal heir with the lump sum payment (Sum Insured) in the event of the death or Permanent Total Disablement(PTD) of the Insured Person during the Period of Insurance or within twelve months from the date of occurrence of an Injury sustained solely and directly due to an Accident occurred during the Period of Insurance while the Insured Person was mounting into or dismounting from or travelling in a Common Carrier on a valid ticket.

We will pay the Sum Insured as per the table below:

S. No.	Event	% of the Sum Insured of this Benefit payable
1	Accidental Death	100%
2	Permanent Total Disablement (PTD) means A. The total and irrecoverable loss of sight of both eyes, or actual loss by Physical Separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and actual loss by Physical Separation of hand or foot; B. Loss of sight of one eye, or actual loss by Physical Separation of hand or foot;	100% 50%

The coverage under this Benefit shall be available on a worldwide basis.

3.9 Benefit 9: Repatriation of Mortal Remains

We will indemnify the cost of transportation up to a specified amount, to the Place of Residence, of the mortal remains of the Insured Person in the event of his death occurring during the Period of Insurance or for a local burial or cremation at the place of death.

3.10 Benefit 10: Trip Cancellation

We will indemnify the travel and accommodation expenses (less any refund)incurred by you on the event of cancellation of the outward journey from the Country of Residence to an International Place of Destination on a

Common Carrier, before the commencement of Period of Insurance which is solely attributable to and / or arising solely and directly due to one of the reasons below :

- (i) You, your Immediate Family Member or any one of your's travelling companion dies or is hospitalized in an Emergency due to an Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall not first occur earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance; or
- (ii) Terrorism, Natural Calamity (Earthquake, storm, flood, inundation, cyclone or tempest) at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey; or
- (iii) Strikes and Riots provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey ;or
- (iv) Loss of Passport not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance; or
- (v) Advisory issued by government of any country not to travel, Compulsory quarantine or prevention of travel by government of any country; or
- (vi) You are required by judicial authority or law enforcement agency in the course of its proceedings during the Period of Insurance; or

We shall pay maximum of only one claim per insured under this cover for Single trip and maximum of three claims for Multi trip cover.

We shall not be liable to pay any Cancellation due to pre-existing disease, Childbirth, Pregnancy or related medical complications to Insured, Insured's immediate family or traveling companion, Cancellation of the journey either wholly or in partly at the instance of the Common Carrier or by the travel agent, Air transport Authority or any Government body (apart from the reasons listed above) or any Natural Calamity not declared by appropriate Government authority .

3.11 Benefit 11: Trip Interruption

We shall pay additional travel and accommodation expenses(similar standard and class as original) after deducting of refund (if any), when your overseas Trip is unavoidably curtailed(cutting short by early return to India) after the commencement of Period of Insurance which is solely attributable to and / or arising solely and directly due to of one of the reasons below after the onset of the Trip:

- (i) You, your Immediate Family Member or your travelling companion dies or is hospitalized in an Emergency as In-patient due to an unforeseen Illness or Injury for at least 2 consecutive days ;or
- (ii) You are unable to continue your Trip due to Terrorism, Natural Calamity (Earthquake, storm, flood, cyclone or tempest) at the place of visit ;or
- (iii) Strikes and Riots at the place of visit(other than your hometown) ;or
- (iv) Loss of Passport ;or
- (v) Advisory issued by government India or visiting country not to travel; or
- (vi) Your Presence is required by judicial authority or law enforcement agency in the course of its proceedings during the Period of Insurance;

We shall pay maximum of only one claim per insured under this cover for Single trip and maximum of three claims for Multi trip cover. For ease of return back to the Country of Residence, the insured is advised to inform the Assistance Service Provider before his travel back to the Country of Residence.

We shall not be liable to pay any Claims arising due to Childbirth, Pregnancy or related medical complications to Insured or Insured's immediate family or traveling companion, any Natural Calamity not declared by appropriate government authority, any Claims which has already been paid under Missed Connection, Interruption resulting at the instance of the Common Carrier, travel agent, Air transport Authority or any Government body (apart from the reasons listed above)

3.12 Benefit 12: Trip Delay

We will pay a fixed amount for each block of 4 hours delay up to the limits as specified in the Policy Schedule, if the Actual departure time of a Common Carrier in which you are scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 4 hours from the Scheduled departure time and directly due to any one of the following:

- (i) Delay of a Common Carrier directly caused by severe weather conditions(not limited to floods, rains, storm, cyclone or tempest)
- (ii) Delay of Common Carrier due to an Earthquake
- (iii) Delay of Common Carrier due to any act of terror

- (iv) Delay due to a sudden strike or any other action by employees of the Common Carrier
 - (v) Delay caused by equipment failure of the Common Carrier
 - (vi) Delay caused by operational problem at the Common Carrier end crew/staff scheduling issues
- Or, anything which is not in your control

You must have complied with the boarding and security check-in guidelines of the Common Carrier.

We shall not be liable for any delay, which was made public or known to you at least 6 hours prior to the scheduled departure of the Common Carrier, due to change laws, any delay due to regulations or orders issued by the respective Government or the regulating authority which was publicly announced, strikes or labor disputes for which prior information was provided in public.

3.13 Benefit 13: Loss of Checked-In Baggage

We will indemnify up to Sum Insured in case the Checked-In Baggage is lost whilst in custody of the Common Carrier in which the Insured was a ticketed passenger provided that

- Claim should be admissible by the Common Carrier and compensation to be provided by the Common Carrier first ;and
- Coverage under this Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained; and
- For more than 1 piece of Checked-in Baggage under the same ticket and when not all Checked-in Baggage are lost, Sum Insured will be paid on a proportionate basis ;and
- We will require proof of ownership and cost if a Claim for any item lost exceeds INR 5000/- or other currency equivalent. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum INR 5000/- considering same as one item for multiple numbers or quantity; and
- If for a single checked-in Baggage, if documentary proof of ownership and cost of any item which is above INR 5000 cannot be provided then the maximum liability for us will be up to 75% of the Sum Insured under this Benefit; and
- If a full or portion of the lost Checked-in Baggage is traced later then it is the responsibility of the Insured to refund to us any Claim paid on behalf of this Benefit
- Any Claim paid under the Benefit 'Delay of Checked-in Baggage' will be deducted from the Claim amount payable ;and
- remuneration which the Common Carrier is liable to pay will be deducted from the Claim amount payable under this cover; and

We shall not be liable to pay any partial loss or damage of any items contained in the Checked-In Baggage or any consequential loss, any loss arising from any delay, detention, and confiscation by public authorities, any damage to checked-in baggage itself, Claim for loss of Valuables, any loss of Checked-in Baggage sent in advance or shipped separately

3.14 Benefit 14: Delay of Checked-In Baggage

We shall pay a specified fixed amount in case of a delay in receipt of the Checked-In Baggage beyond 12 consecutive hours from the Common Carrier's actual landing time at the Place of Destination during the Period of Insurance provided that it is a condition precedent that upon discovering the delay in arrival of the Checked-in Baggage you will obtain a non-delivery confirmation from the Common Carrier along with the period of delay.

We shall not be liable to pay any Claim under Loss of Checked-in Baggage, any delay in delivery due to detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies, any delay attributable to damage to the detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies. Delay of Checked-in Baggage when the intended destination is in India, self-carriage or cabin baggage (s)

3.15 Benefit 15: Loss of Passport and/or International Driving License

We shall pay a fixed amount to Policyholder incurred towards obtaining a new or duplicate Passport and/or a duplicate or new International Driving License (IDL), in case you lose your original passport and /or IDL during the Period of Insurance on a valid trip in a foreign country provided maximum amount payable under this benefit is 300\$/200 Euro with a sub-limit of 100\$/75 Euro for loss of IDL. We will only pay for each person covered under this Benefit be it for Loss of Passport or Loss of IDL or loss of both. You must take reasonable care to keep your passport and IDL safe

We shall not be liable to pay any Claim when the loss is not reported to the appropriate police authority in the foreign land within 24 hours of the discovery of the loss, and in respect of which a police report has not been obtained, for any loss or damage due to confiscation or detention by customs, police or any other authority will not be payable.

3.16 Benefit 16: Personal Liability

We will indemnify you against legal liability for bodily injury or property damage to third parties arising out of an Accident only, occurring anytime during the Period of Insurance in a foreign country.

We will also indemnify you towards the cost of legal defense incurred, upon the prior written consent of the Company provided that

- Any civil claim/suit brought against you by the third party should be intimated to us within 60 days of the date of event or first intimation of the event/suit, whichever is earlier;
- Please don't offer, promise or settle or pay or allow any other party to pay on your behalf without our consent;
- Please support and act on advice given by our ASP or us;
- Please fully support us in reaching a compromise with the aggrieved party and/ or to take such steps as may be required to bring the Claim to an amicable settlement;
- All amounts incurred by us in the defense, settlement and/or payment of any Claim, will correspondingly reduce the Sum Insured under this benefit;
- The terms and exclusions of this Benefit (and any phrase or word contained therein) shall be interpreted in accordance with Indian law;

3.17 Benefit 17: Hijack Distress Allowance

We will pay a fixed allowance to you for each 24 consecutive hours maximum up to the limits specified in the Policy Schedule in case the Common Carrier in which the Insured is traveling as a passenger during the Period of Insurance shall be subject of Hijack and that the Common Carrier is held captive by the hijackers, provided that this cover shall only attach in case of travel by Common Carrier as the main mode of travel from one country to other; and in case of advanced release of you before other passengers of the Common Carrier our liability will be limited to the time you were present in the Common Carrier; and In case of your demise in the Common Carrier you are eligible to Claim under Personal Accident Cover apart from any Claim made under this Benefit.

We shall not be liable to pay if you are suspected to be either the Principal or an accessory in the hijacking.

3.18 Benefit 18: Missed Flight Connection

We will reimburse for reasonable extra accommodation and travel costs (less refunds if any) up to the amount specified in the Policy Schedule to reach the next destination shown on the ticket/itinerary, if you missed a pre-booked Common Carrier as a result of the scheduled Common Carrier (on which you had booked to travel) not running on its published time table due to any of the reasons mentioned below:

- (i) Delay of a Common Carrier directly caused by severe weather conditions (not limited to floods, rains, storm, cyclone or tempest)
- (ii) Delay of Common Carrier due to an Earthquake
- (iii) Delay of Common Carrier due to any act of terror
- (iv) Delay due to a sudden strike or any other action by employees of the Common Carrier
- (v) Delay caused by equipment failure of the Common Carrier
- (vi) Delay caused by operational problem at the Common Carrier end crew/staff scheduling issues

Or, anything which is not in your control

Please contact the Assistance Service Provider (ASP) immediately if you miss or you think you are about to miss a travel connection also please provide a written confirmation from the Common Carrier or their handling agents about the reason for the service not running to its published timetable.

We shall pay maximum of one Claim per Insured for Single trip Policy and maximum of three Claims per Insured for Multi-trip Policy and any compensation which the Common Carrier is liable to pay will be deducted from the Claim amount payable under this cover

We shall not be liable to pay any Claim under this Benefit if the time gap between the Scheduled arrival of incoming Common Carrier and scheduled departure of connecting Common Carrier is less than 6 hours, Expenses that you would have incurred during the normal course of the trip, Missed Connection which was known to you or public in advance.

3.19 Benefit 19: Automatic Trip Extension

We will extend the Period of Insurance once for a period of up to 7 consecutive days due to the following reasons which directly results in the extension of the Trip duration

1. If a Claim is admitted under Clause 3.1.(i) (In-patient Care), and you are still hospitalized overseas after the expiry of the Period of Insurance and not fit to travel as per the treating Medical Practitioner ;or
2. Death of the Travelling Companion during the trip ;or

3. Travelling Companion is hospitalized as In-patient Care in Emergency Care due to illness or injury ;or
4. Any natural calamity which prevents the accessibility of the place of destination which forces the Insured to extend the trip; or
5. Cancellation or Re-scheduling of the Common Carrier due to unexpected strike, riot or Civil commotion at the port where the Trip got extended

We will deduct any actual/possible refundable amount pertaining to the original scheduled return ticket from the admissible Claim amount.

We will not be liable to pay any Claim for any natural calamity not declared by the appropriate government authority and any Trip Extension due to Childbirth, Pregnancy or related medical complications occurring to you or your immediate family member or traveling companion

4. OPTIONAL BENEFITS AND PACKAGES

A. Optional Benefits

4.1. Optional BENEFIT 1: Life Threatening Condition Due To PED

This provides coverage for Pre-existing diseases for Life Threatening Conditions under Hospitalization Expenses (Benefit 1) up to the limits mentioned in the Policy Schedule.

The scope of the cover is extended to the following benefits (all or any of the following) where Hospitalization is due to Emergency Care of any illness: - Daily Allowance; Compassionate Visit; Return of Minor Child; Up-gradation to Business Class; Automatic Trip Interruption; Trip Extension; Home to Home; Waiver of Deductible Option, Waiver of Sub-limit Option & option of Co-Payment and Adventure Sports Cover

Such extension will not result into any increase in Sum Insured of the respective Coverage; and any Claim under this clause shall be admissible only till you become medically stable

4.2. Optional BENEFIT 2: Medical Expenses Due To Accident Only

Through this Benefit, coverage for Hospitalization Expenses (Benefit 1) during the Period of Insurance will be restricted to Emergency Care of any Injury due to an Accident only and up to the Sum Insured as mentioned in the Policy Schedule.

The scope of the cover is extended to the following benefits (all or any of the following) where Hospitalization is due to Emergency Care for any Accident: Daily Allowance, Compassionate Visit, Return of Minor Child; Up-gradation to Business Class, Dental Expenses; Trip Interruption, Automatic Trip Extension, Home to Home, Waiver of Deductible Option, Waiver of Sub-limit Option, option of Co-Payment and Adventure Sports Cover.

All the terms and Conditions and Limits of the applicable Benefits will remain the same but the event will be restricted to Emergency Care of any Injury only

4.3. Optional BENEFIT 3: Option Of Waiver Of Deductible

Through this Benefit, Deductible applicable on the component Hospitalization Expenses-Benefit 1 (In-Patient and Out-patient only), Optional Benefit 1(Life Threatening Condition due to PED) and Optional Benefit 2(Medical Expenses due to Accident only) will be waived off

4.4. Optional BENEFIT 4: Adventure Sports Cover

This Benefit provides coverage for participation in Hazardous Activities in a non-professional capacity and under the supervision of a trained professional, up to the limits specified in the Policy Schedule under Benefit 1 (In-Patient Care) and Benefit 7 (Personal Accident) for the illness or injury or death occurring during your participation.

You must follow/adhere to all safety measures and guidelines laid down by the instructors/trainers/coaches/the organization conducting the adventure sports while engaged in the adventure sports

4.5. Optional BENEFIT 5: Refund Of Visa Fee (If Visa Rejected)

We will pay for re- re-imbusement of Visa fee if your Visa got rejected for no fault or negligence Provided that you had submitted all the valid documents in order as directed by the Embassy of the respective Country for which the Visa is being applied and Visa application should be filed with the respective Embassy well in advance and as per the prescribed processing time, if any.

4.6. Optional BENEFIT 6: Option Of Waiver Of Sub-Limit

By opting this Benefit, sub-limits applicable for In-patient Care as specified under (clause 3.1.ii.(B)) will be waived off.

4.7. Optional BENEFIT 7: Option Of Co-Payment

By opting this Benefit, Co-payment of 20% will be applicable for the Benefits as mentioned under Clause 2(vi).

B. Optional Package

Benefits under Optional Packages have to be opted on all or none basis only.

1. Loss Of Laptop/Tablet/Hand Baggage/Personal Belongings

We will indemnify the depreciated amount to you as specified in the Policy Schedule, due to declaration of loss of Laptop /Tablet/Hand Baggage/Personal belongings (while you were carrying them) within the Period of Insurance due to Theft, robbery or being stolen.

Depreciated Value will be calculated after taking into account depreciation on the lost item as per the below table (for below example: assumed purchase value during the time of purchase is Rs 100 with depreciation of 50% each year). Year after purchase of item will be rounded of nearest integer year in case of partial year as per date of loss and date of purchase of the item.

Years after purchase of the item	1	2	3	4	5	6
Depreciated Value (INR)	50.0	25.0	12.5	6.3	3.1	0

Provided that; Claim must be supported by documentary evidence for purchase value

We will not be liable to pay any Claim arising due to any loss of money, coins or curios, sculptures, manuscripts, securities for money or any other negotiable instrument, stamp, rare books, medals, molds, designs or any other collectibles, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, Jewellery , ATM or credit or Charge cards or mobile phones, Losses arising from any delay, detention, confiscation by customs officials or other public authorities, Property of the which has been entrusted to a third party, Electrical and mechanical breakdown of the Laptop/Tablet, Loss of damage to software or data or any other material including pictures or anything stored in the Laptops/Tablet, any consequential loss or damage, Loss arising out of mysterious disappearance of the personal belongings.

2. Bounced Booking-Hotel/ Common Carrier

We will reimburse up to the amount mentioned in the Policy schedule in the unexpected event of the accommodation provider or the Common carrier unable to honor your confirmed bookings (pre-paid or contracted to pay) due to overbooking for the following

- (a) **For hotel overbooking:** The difference in cost between the original booking amount and the reasonable new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked. The new booking must be for up to the number of nights overbooked at a nearest available similar hotel where the cost of stay is no more than 10% greater per night than the initial booking.
- (b) **For Common Carrier overbooking:** Difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the Common Carrier. The new booking must be in a same class of service with fare no more than 10% greater than the original overbooked flight. The original overbooked flight must have been cancelled by the Insured before the new booking

You should have done Web-check prior to the arrival at the Airport and overbooking for the Common Carrier must happen at check-in/ at the check-in counter; Insured must always check-in on time as prescribed for the reservation or fulfill any other obligation required; and Documentary evidence from the accommodation provider or common carrier regarding bounced booking must be provided and the overbooked portion of the hotel stay must include the first night stay.

We will not be liable to pay any Claim for any tickets / Hotel bookings made within 7 days of departure/hotel arrival; For airline overbooking, an option of free replacement flight must not be available to the Insured within 6 hours from the departure of the original overbooked flight; any contractual breach; any waitlisted booking; if any alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within reasonable time period

3. Home To Home Cover

We will extend the Coverage before /beyond the Period of Insurance for In -Patient Care (Clause 3.1.(i)), Out-Patient(Clause 3.1.(iii)) and Benefit 7(Personal Accident) up to the Sum Insured of the respective Benefits for the following:

- I. Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the Airport for duration of 6 hours before the Scheduled departure time of the Common Carrier; and
- II. Return journey from the Airport to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time

You should inform the Company/ASP immediately if you suffer an illness or injury and which occurs within the duration specified in this Benefit;

5. ASSISTANCE SERVICES

Assistance Service Provider will provide the following services as described below.

1. Pre- trip Information Services

Assistance Service Provider will provide information concerning visas and inoculation requirements for foreign countries worldwide.

2. Embassy Referral

Assistance Service Provider India will provide the user with the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

3. Lost Luggage Assistance

Assistance Service Provider will assist the User if he has lost his/her luggage while traveling outside his/her home country or usual country of residence by providing directions for recovery.

4. Lost Passport Assistance

Assistance Service Provider will assist the User who has lost a passport while traveling outside his/her home country or usual country of residence by providing directions for recovery.

5. Weather and Exchange Rate Information Assistance

Assistance Service Provider will assist the User by providing referral information services including weather and exchange rate information.

6. Emergency Message Transmission Assistance

In the event of a medical emergency, Assistance Service Provider will assist the User to transmit urgent messages to family Users, friends or business associates upon the User's request.

7. Interpreter Referral

Assistance Service Provider will assist the User by providing the address, telephone number and hours of operating of interpreters worldwide.

8. Arrangement of Hotel Accommodation

Assistance Service Provider will arrange for hotel accommodation for the User's companion who is visiting the User while he/she is hospitalized outside his/her home country or usual country of residence.

9. Legal Assistance

If Insured Person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to the Insured Person, Assistance Service Provider will, if required, provide the Insured Person with the name of an attorney who can represent you in any necessary legal matters.

10. Political Risk and Catastrophe Evacuation

When, in the opinion of the Assistance Service Provider, it is Judged that for the Insured Person's safety it is recommended to return to the Country of Residence / City of Residence or the nearest place of safety, the Assistance Service Provider will make arrangements or provide for a cost of a direct route economy class air fare for the same (one way) or hotel accommodation for the below mentioned conditions

- (i) Officials of embassy of the Country of Residence of the Insured in writing recommend, or a notification is issued by the Government of the city where Insured is visiting, that people, which include the Insured should leave the city, or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the City the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

The above services are purely on referral or arrangement basis, Assistance Service Provider shall not be responsible for any third-party expenses incurred, which shall be the responsibility of the User.

Medical Assistance Services

11. Telephone Medical Advice

Assistance Service Provider will arrange for the provision of medical advice to the Users over the telephone.

12. Medical Service Provider Referral

Assistance Service Provider shall provide the name, address, telephone number and, if requested by the User and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively, "Medical Service Provider"). Assistance Service Provider shall not be responsible for determining the appropriate medical specialist for handling the User's particular problem nor for providing medical diagnosis or treatment. Assistance Service Provider shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Service Providers referred by Assistance Service Provider. The final selection of the

Medical Service Provider shall be the responsibility of the User.

13. Arrangements of Appointments with Local Doctors for Treatment

Assistance Service Provider will assist the User by arranging for appointments with local doctors for treatment.

14. Arrangement of Hospital Admission

If the medical condition of the User is of such gravity as to require hospitalization, Assistance Service Provider will assist the User with hospital admission.

15. Guarantee of Medical Expenses Incurred During Hospitalization

In the event the User calls Assistance Service Provider to arrange for hospital admission and requests for guarantee of hospitalization expenses, Assistance Service Provider shall, when authorized by the Subscriber, will place guarantee of medical expenses incurred during his/her hospitalization in an In-Network hospital.

Assistance Service Provider shall, when authorized by the Subscriber guaranteed his/her hospitalization expenses on best effort basis outside of Assistance Service Provider's provider network.

Assistance Service Provider shall monitor the User's medical condition with the hospital's attending physician; subject to any and all obligations in respect of confidentiality and relevant authorization. Assistance Service Provider shall ensure that the hospitalization expenses incurred by the User are reasonable and customary and consistent both with reasonable standards for the User's condition and location.

16. Arrangement of Emergency Medical Evacuation

Assistance Service Provider will arrange for the air and/or surface transportation and communication for moving to the nearest hospital where appropriate medical care is available. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

17. Arrangement of Emergency Medical Repatriation

Assistance Service Provider will arrange for the return of the User to his/her home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

18. Arrangement of Repatriation of Mortal Remains

Assistance Service Provider will arrange for transporting the User's mortal remains from the place of death to his/her home country or usual country of residence or arrange for local burial at the place of death as requested by the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

19. 24/7 Psychological Hotline

The psychological hotline is available for all types of enquiries, e.g. everyday problems such as stress-related issues and illness, acute personal crisis or traumatic incidents. The services will be offered in English.

20. Private Nurse Service

Dispatch a nurse to assist and support a hospitalized patient and his/her family at the destination. The nurse can act as a link between the patient/family and the hospital and help explain medical issues and procedures as well as assist with caring activities.

Travel Assistance Services

21. Arrangement of Compassionate Visit

Assistance Service Provider will arrange for a return airfare for a relative or friend of the User wishing to visit the User who is hospitalized outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

22. Arrangement of Return of Minor Children

Assistance Service Provider will arrange for one-way airfares for the return of minor to their home country or usual country of residence if they are left unattended as a result of the accompanying User's illness, accident or Emergency Medical Evacuation. Assistance Service Provider will also arrange for an escort, whenever necessary. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

23. Arrangement of Bail Bond

Assistance Service Provider shall arrange the bail bond, up to a limit of USD 2500, for User's conditional release when traveling outside the Home country or usual country of residence. The User shall be responsible for any other related expense. The provision of Bail bond is subject to Assistance Service Provider first securing payment from the User through his/her credit card or funds from the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

24. Emergency Cash Advance

Assistance Service Provider shall arrange to provide Emergency Cash advance, up to the limit authorized by the Subscriber or the limit prescribed in the Policy, to the insured. Assistance Service Provider shall have the sole discretion to determine whether a financial emergency has occurred. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses – details provided in List II - Schedule of Fee.

25. Claims Payment & Management

Assistance Service Provider shall provide the User all the relevant information regarding the claims procedure & where required send a copy of the claim form together with process guidelines on necessary documentation to file for reimbursement directly with Assistance Service Provider claims team in the local Emergency Response Centre. Assistance Service Provider would directly settle such claims once the Subscriber has made available the necessary funds to disburse the payments. Assistance Service Provider would not deploy their internal cash resources for the purpose of settlement of such claims. Outpatient Claims maybe authorized for cashless settlement on a case-by-case basis as agreed mutually between Assistance Service Provider and the Subscriber.

For interventions handled by Assistance Service Provider where the Subscriber is responsible for the payment of all/any third-party expenses incurred, Assistance Service Provider shall provide the financial guarantees subject to the Subscriber giving a confirmation in writing to guarantee coverage of expenses.

26. International SIM Card

Assistance Service Provider will arrange for an International SIM Card for the Country that the Insured Person is visiting during the Period of Insurance if the need arises by the Insured Person. The SIM Card service provider along with the Data Plan (if any) will be at the sole discretion of the Assistance Service Provider and can change depending on the Country the Insured Person is travelling during the Period of insurance

6. SALIENT FEATURES

1. **Annual Multi Trip Policy** – Policy under which there can be more than one period of insurance during the policy period, subject to the maximum trip duration (per trip – 30 days or 45 days or 60 days or 90 days) specified on the Policy Schedule.
2. **Policy Period** – The policyholder can opt for a policy with policy period up to a maximum of 365 days or maximum trip duration as specified under each plan.
3. **Premium** – The premium charged under the policy depends upon the sum insured, trip duration (in days), scope of geographies covered, type of trip, cover type, health status of individual and plan opted by customer.
4. **Free Look Period** – You may, within 15 days from the receipt of the Policy, return the Policy stating reasons, if the terms and conditions are not acceptable. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover and stamp duty charges. The option under free look shall be available to you only if the Policy Period is for at least 365 days.

5. Age

S. No.	Trip Type	Description
1	Single Trip	Minimum Entry Age : 1 day
2	Single Trip	Maximum Entry Age : No age bar
3	Multi-trip	Minimum Entry Age : 1 day
4	Multi-trip	Maximum Entry Age : No age bar

Family Option – The policyholder can avail a family option and get the family (Self, Spouse, Dependent Children (who has not attained Age 25 years) and parents) covered for the same sum insured under a single policy on individual basis. The family option is available only for Single Trip Policy.

6. **Extension** – The policy can be extended up to a maximum duration of 365 days or maximum trip duration as specified under the plan. Online extension available at www.religarehealthinsurance.com.
 - a. Extension after policy end date shall be permissible only after the underwriting review.
 - b. No extension is permitted unless requisite documents are submitted to the company. (No claim status, Payment detail, etc.)
 - c. Extension period shall in no case exceed the maximum trip duration permissible under any plan.
 - d. Extension can only be done if no claim is made for Benefit 1 – Hospitalization Cover. If other claims are filed on the policy, extension can only be done after underwriting review.
 - e. In case of extension, the Insured shall be entitled to all benefits payable on fixed basis for which any claim has not been made with the company earlier under the same policy. For other benefits where the payment is on indemnity basis, balance sum insured shall be available during the extended policy period.
 - f. No claims declaration is mandatory prior to affecting the extension request. In case of any claim or break-in insurance, review by the underwriting manager shall be mandatory and extension shall be granted at the sole discretion of the company.

- g.** In case of any claim under Benefit 1, the policy shall be automatically extended for up to 7 days. However, no extension shall be permissible beyond 7 days of the expiry of the policy.
All terms and conditions relating to claims applicable to the original policy period shall also apply over the extended term as well.
- h.** The Policy shall not be renewable upon expiry of the Policy Period. Extension can be effected for:
Extension can be effected for:
- a.** Policy Period for a Single Trip Policy
b. Geographical Scope of the Policy
- The premium for such extension shall be calculated as under :
- a.** Extension premium = Premium for revised policy period less premium for original policy period
b. Extension premium = Premium for new scope of geographical cover less premium for original scope of geographical cover

7. CANCELLATION

- a.** Cancellation of Policy at a date earlier than the Policy Period End Date can be done only upon :-
- i.** Denial of visa OR
ii. Cancellation of trip OR
iii. Early return of the individual to India
- For cancellations due to above reasons, adequate documentary proof including but not limited to written request from customer & copy of passport / Visa denial letter would need to be provided
- b.** The policyholder may request for cancellation of the policy prior to Policy period start date. In such cases, the company shall cancel the policy and premium will be refunded post deducting 10% of total Premium maximum up to Rs. 300 towards cancellation charges before refunding any amount
- c.** In the event of cancellation of policy prior to policy period end date for any reason, the Premium will be refunded as per below table:

Risk Period utilized	Premium retained
Above 50% of Policy Period	100% of Premium
Above 40% to 50% of Policy Period	80% of Premium
Above 30% to 40% of Policy Period	75% of Premium
Above 20% to 30% of Policy Period	60% of Premium
Policy inception to 20% of Policy Period	50% of Premium

- d.** In annual multi-trip policy, premium will be refunded on short scale basis as under:

Period from Policy Period Start Date	Total Number of Trip days utilized	Premium Retained
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & upto 21 days	50% annual rate
	Greater than 21 days	75% annual rate
From 2nd month Up to 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

- e.** The company may also initiate cancellation of the policy in case any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his / their behalf.
- f.** No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred under the Policy except for a Claim being admissible under Optional Benefit 5: Refund of Visa Fee (if Visa rejected)

wherein the company will refund the Premium for the policy excluding the Premium for the component of Optional Benefit 5 .The company will also charge cancellation charges of 10% of total Premium maximum up to Rs. 300 before any refund is made

8. UNDERWRITING

- a. Where you are planning to visit any country which is engulfed in war or civil riots, etc. the Company reserves the right to decline the proposal or load the premium up to 100%.
- b. Additionally the Company may issue a policy excluding coverage for some countries / geographical locations which are engulfed in disturbance or riots, etc.
- c. The Company shall adopt individual underwriting approach for Insured Persons who are involved in any training or participation in competitions of professional or semi-professional sports.

9. CLAIM MANAGEMENT

a. Notification of Claim

In case of claim, you should immediately notify the Company or the Assistance Service Provider about the Claim by calling at the toll free number as specified in the Policy or in writing and provide the following details:

- (i) Policy Number;
- (ii) Policyholder's Name;
- (iii) Name of the Insured Person in respect of whom the Claim is being made;
- (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit under which the Claim is being made;
- (v) Date of admission to Hospital or date of loss, as applicable;
- (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable);
- (vii) Any other information, documentation or details requested by the Company or the Assistance Service Provider;

Cashless

The cashless facility is available only at the network providers for In-Patient Care. For availing cashless facility, kindly call our / ASP's call centre.

You need to request for the cashless facility in a prescribed format. We may authorize your request and thereafter you shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imbusement

The necessary documents as specified below should be sent to us. We shall examine these documents and process your claim.

b. Documents to be submitted

- I. The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his own expense) provide the following documents as specified below and any additional information as necessary under which the Claim is being made with the Company or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the event.

S.No	Benefit	Documents
1.	Hospitalization expenses, Daily Allowance, Option of Waiver of Deducible(if opted)Waiver of Sub-limits(if opted),Option of Co-payment(if opted) Adventure Sports Cover(if opted)and Home to Home Cover(if Opted)	<ul style="list-style-type: none"> - Claim Form(filled and signed by the Insured) - Release of Medical Information Form(filled and signed by the Insured) - Original pathological and diagnostic reports, discharge summary, indoor case papers (if any) and prescriptions issued by the treating Medical Practitioner or Network Provider - Passport and Visa copy with Entry Stamp of Country of Visit and exit Stamp from India. - Original bills and receipts for

		<ul style="list-style-type: none"> - Charges paid towards Hospital accommodation, nursing facilities, and other medical services rendered - Fees paid to the Medical Practitioner and for special nursing charges - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. - Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Network Provider duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person - Any other document as required by the Company to assess the Claim.
2.	Compassionate Visit	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of hospitalization. The certificate shall also specify the minimum period in which person is admitted in the hospital. - Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. - Stamped boarding pass with invoice used for the travel by the Immediate Family Member. - Copy of passport of Immediate Family Member with entry and exit stamp.
3.	Return Of Minor Child	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. - Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. - Stamped Boarding pass used for the return travel of the child to the Country of Residence. - Stamped Boarding pass of the attendant from the Country of Residence to the Place of hospitalization(if attendant is necessary) - Copy of passport of the child with entry and exit stamp.
4.	Up-Gradation To Business Class	<ul style="list-style-type: none"> - A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. - Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. - Copy of the economy class air ticket issued by the Common Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained. - Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.
5	Dental Expenses	<ul style="list-style-type: none"> - Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital; - Original Bills and receipts for: <ul style="list-style-type: none"> - Fees paid to the Medical Practitioner and special nursing charges; and - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. - Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person; - Any other information or documents related to the treatment taken.
6.	Personal Accident and Adventure Sports Cover(if opted)	<ul style="list-style-type: none"> - Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided. - Death certificate (if applicable) - Postmortem report, if conducted - Police report.

		<ul style="list-style-type: none"> - Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury
7.	Common Carrier Accidental Death And Disability	<p>Additionally ,apart from one's mentioned under Personal Accident</p> <ul style="list-style-type: none"> - Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.
8.	Repatriation Of Mortal Remains	<ul style="list-style-type: none"> - Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death - Copy of the postmortem certificate, if conducted - Documentary proof for expenses incurred towards disposal of the mortal remains - In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.
9.	Trip Cancellation	<ul style="list-style-type: none"> - If the reason for Cancellation/Interruption is Medical, Insured needs to produce a Medical Certificate and a discharge summary from the Medical Practitioner attending the patient. This must confirm the reason and need of Cancellation/ Interruption. - Death Certificate(if applicable) - Copy of cancellation proof of the booked tickets indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier - Copy of booking as well as cancellation confirmation form the hotel/original scheduled accommodation - In case of cancellation due to loss of passport, FIR copies for loss of passport - Judicial or Law enforcement agency order (if applicable) - Documentary proof of Cancellation of Visa with reason for Cancellation(only for Trip Cancellation due to Cancellation of Visa) - A declaration from the Insured Person furnishing the circumstances that compelled him to cancel the journey
10.	Trip Interruption	<ul style="list-style-type: none"> - Additionally ,apart from one's mentioned under Trip Cancellation - A declaration from the Insured Person furnishing the circumstances that compelled him to interrupt the journey - Details of new bookings for travel with tickets, invoices and receipts
11.	Trip Delay	<ul style="list-style-type: none"> - Security-stamped boarding pass for the flight which got delayed - Letter from the Common carrier stating reason and duration of Delay - Passport Copy with Entry and Exit Stamp
12.	Loss of Checked-in Baggage	<ul style="list-style-type: none"> - Property irregularity report issued by the appropriate authority. - Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage. - Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage. - Proof of ownership and cost for any item which is above INR 5000/-
13.	Delay of Checked-in Baggage	<ul style="list-style-type: none"> - Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage. - Voucher of the Common Carrier for the compensation paid for the delay in delivery of the Checked-In Baggage.

		<ul style="list-style-type: none"> - Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage. - Acknowledgement receipt from the Airline mentioning date and time of the delivery of the Baggage.
14.	Loss Of Passport And/ Or International Driving License	<ul style="list-style-type: none"> - Copy of the police report - Details of the attempts made to trace the lost item - Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport/IDL
		<ul style="list-style-type: none"> - Copy of lost passport or IDL - Copy of new/duplicate passport/IDL
15.	Personal Liability	<ul style="list-style-type: none"> - Statement of Claim furnishing particulars of the event leading to the liability such as the court order; - Photocopy of the police report (wherever reported).
16.	Hijack-Distress Allowance	<ul style="list-style-type: none"> - Security stamped boarding pass for the flight which got hijacked - Any Government notification confirming the hijack of the said Common Carrier.
17.	Missed Flight Connection	<ul style="list-style-type: none"> - Written confirmation from the carrier of the number of hours of delay, and any compensation received towards the delay. - Details of Alternate travel arrangements offered by the carrier, however not accepted with reason of not acceptance.
18.	Automatic Trip Extension	<ul style="list-style-type: none"> - Medical certificate with details of the date of admission and date of discharge together with the details of the injury or illness and treatment rendered - Death certificate (if applicable) - A declaration from the Insured Person furnishing the circumstances that compelled him to extend the Trip.
Optional Benefits		
1.	Life Threatening Condition For PED	<ul style="list-style-type: none"> - Same as per Benefit-1 and any other documents incidental to the Benefits to which this will be applicable
2.	Medical Expenses Due To Accident Only	<ul style="list-style-type: none"> - All medical reports and records given by the treating facility. - Receipts for any expenses incurred that are covered in the Policy - FIR report with the Police (if applicable) - Any other documents incidental to the Benefits to which this will be applicable
3.	Refund Of Visa Fee (If Visa is Rejected)	<ul style="list-style-type: none"> - Written copy of the rejection reason from the embassy - Passport copy of the Insured - Copy of confirmed ticket
Optional Package		
1.	Loss Of Laptop/Tablet/Hand Baggage/Personal Belongings	<ul style="list-style-type: none"> - FIR copy of the lost item/(s) - Original bill or bill copy (if original bill not available)for Laptop/Tablet or Proof of purchase of the lost item/(s) - Passport and Visa copy with entry and exit stamp - Letter defining incidence of theft
2.	Bounced Booking-Hotel/Common Carrier	<ul style="list-style-type: none"> - Written confirmation from the Common Carrier/accommodation provider/ticket provider stating the reason and date for the service cancellation. - Any Receipts of refunds or travel vouchers provided in lieu of the original booking being dishonored. - Bills and payment receipts for alternate tickets/accommodation bookings

Note: All invoices and bills should be in Insured Person's name except Compassionate Visit where invoices and bills should be in the name of the Immediate Family Member of the Insured Person in respect of whom the Claim is being made.

c. Policyholder's or Insured Person's or Claimant's duty at the time of Claim

a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may

be made under this Policy.

- b. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make the payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- c. Intimation of the Claim, notification of the Claim and submission or provision of all information and documents shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 9 of the Policy and the specific procedures and timeframes specified under the respective Benefits under which the Claim is being made.
- d. The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's/Assistance Service Provider's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- e. The Company's/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- f. The Company shall be provided with complete documents and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

d. Claim servicing and payment terms

- (i) The Company may in its sole and absolute discretion change the Assistance Service Provider or utilize the service of any other Assistance Service Provider by giving written notification to the Policyholder.
- (ii) All payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of Loss, shall be applied.
- (iii) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-hospitalization related Benefits.
- (iv) If the Assistance Service Provider or the Company requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder / the Insured Person.
- (v) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (vi) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured or the Coverage for that Insured Person under that Benefit is exhausted.
- (vii) If the Policyholder or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (viii) The Company's maximum, total and cumulative liability under Benefit 1 towards the treatment of Any One Illness in respect of any Insured Person shall not exceed the sub-limits as specified in the Policy Schedule.
- (ix) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (x) For Reimbursement Claims, the Company will pay to the Policyholder. In the event of death of the Policyholder, the Company will pay to the nominee (as named in the Policy Schedule) and in case of no nominee to the legal heirs or representatives of the Policyholder.
- (xi) The Company shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person the Company shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines from the date of receipt of last necessary document to the date of payment of claim, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India at the beginning of financial year, unless the extent regulation requires payment based on some other prescribed interest rate.

10. EXCLUSIONS

a. Applicable to Benefit 1

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following

shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- (ii) Any type of pre-existing disease or illness or injury .
- (iii) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Period of Insurance.
- (iv) Degenerative or oncological (Cancer) diseases and Circumcision.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or any institution which is not a Hospital or Day Care Center
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient
- (vii) Treatment or surgery or any medical procedure (whether invasive or non-invasive) using a robotic surgical system.
- (viii) Expenses incurred will not be payable under following conditions:
 - Insured decides against the advice of Assistance Service Provider and his/her Medical Practitioner and not get admitted in the Hospital; or
 - Return to India after the date which was advised by our Assistance Service Provider and Insured's Medical Practitioner

b. Applicable to Benefit 16

- (i) Liability of the Insured Person in relation to any professional services/ business activities or in course of such activities
- (ii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
- (iii) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- (iv) Fines, penalties, punitive or exemplary damages of any kind.
- (v) Any personal liability of the Insured Person towards his family, relatives or traveling companions, whether personal or official or commercial.
- (vi) Liability resulting from transmission of an illness or disease by the Insured Person.
- (vii) Any Liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting therefrom.
- (viii) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (ix) Liability arising from the possession or trade of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs;
- (x) Liability arising from the use of or ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms.
- (xi) Liability arising from insanity, abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (xii) Liability arising from any supply of goods or services on the part of the Insured Person.
- (xiii) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- (xiv) Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- (xv) Liability arising from carrying any item of any third party from/to the Country of Residence.
- (xvi) Liability arising out of any breach of law or rules or any criminal liability.

c. General Exclusions (Applicable to all Benefits)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (a) Any events occurring outside the Period of Insurance except for a Claim for Treatment at Country of

Residence and Refund of Visa Fee(if opted) Trip Cancellation ,Trip Delay, Home to Home Cover(if opted), Automatic Trip Extension

- (b)** The Insured Person is:
- (i)** Traveling against the advice of a Medical Practitioner; or
 - (ii)** Receiving, or is supposed to receive, medical treatment; or
 - (iii)** Having received terminal prognosis for a medical condition; or
 - (iv)** Travelling for the purpose of obtaining medical treatment; or
 - (v)** Taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- (c)** An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, areca nut/betel nut, intoxicating drugs or alcohol.
- (d)** Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.
- (e)** Any condition directly or indirectly caused by or associated with any sexually transmitted disease except arising out of HIV.
- (f)** Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (g)** Any dental treatment or surgery unless necessitated due to an Injury or any Acute Pain
- (h)** Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (i)** Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (j)** Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.
- (k)** Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness / Injury which does not require Hospitalization.
- (l)** Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (m)** Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).
- (n)** Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (o)** Treatment of all Congenital Anomalies or Illness or defects or anomalies or treatment relating to birth defects.
- (p)** Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability
- (q)** Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns.
- (r)** Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.

- (s) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (t) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins & tonics.
- (u) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- (v) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (w) Non-allopathic treatment.
- (x) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.
- (y) War (whether declared or not) or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (z) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- (aa) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - (i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.
- (bb) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (cc) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (dd) Any claim relating to Hazardous Activities unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (ee) You being engaged in any air travel unless you are flying as a passenger on an airline.
- (ff) If any general or special travel restrictions have been imposed on your travel.
- (gg) Any consequential losses.
- (hh) Any Hospitalization primarily for investigation and / or diagnosis purpose.
- (ii) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
- (jj) Any specific time-bound or lifetime exclusions specified in the Policy Schedule.
- (kk) Any Policy which is bought after the Insured Person has left the Country of Residence
- (ll) Any item or condition or treatment specified in List of Non-Medical Items(Annexure-I to Prospectus)

11. POLICY TERMS

Minimum entry age	1 day
Maximum entry age	As specified for each plan
Age of proposer	18 Years or above
Relationship for Family Option	Self, Spouse, Dependent Children (who have not attained Age 25 years) and parents
Eligibility	Prospects whose place of residence is in India
Policy Period Start Date	The Policy start date shall be from the 00:00 hours of the next day of the proposal receipt at branch, proposed policy period start date as opted by you or cash received date / instrument date, whichever is later.

12. ENDORSEMENTS

Any endorsement would be effective from the date of the request as received from the policyholder, or the date of receipt of premium, whichever is later.

- (i) Premium bearing endorsements shall require specific approval of the underwriting manager and the company may charge appropriate premium based on the new details provided. However, the company may have the right to decline such endorsement or cancel the policy where it suspects that facts had been hidden or the customer is now uninsurable. Moreover, such changes have to be effected before risk commencement date.
- (ii) Change in geographical location shall only be permitted where the geographical scope is extended from Rest of World (Excluding US / Canada) to Worldwide.
- (iii) Premium bearing endorsement only for change of geographical scope and policy extension shall be permitted after policy start date.
- (iv) After end date of policy, no endorsement would be allowed.
- (v) Policy Period Start Date can be changed after the policy period has commenced only if the customer renders sufficient proof that the trip could not commence.
- (vi) Any Pre-existing Disease shall be included only after underwriter's review.
- (vii) No endorsement is allowed unless documents as specified are submitted

Type of endorsement	Documents required
Customer Name /Passport/Date of Birth - in case of more than one change	Passport Copy
Trip start date changed after Policy Period Start Date	Passport copy with entry /exit stamp or ticket cancellation and new ticket

(viii) The Company may ask for additional documents including but not limited to passport copy, medical reports, good health declaration, etc. before it effecting an endorsement.

(ix) Non-premium bearing Endorsement:

As a policy, all endorsements which do not have a direct bearing on the premium shall be executable during the Policy Period.

Examples of this type of endorsements are:

- a. Rectification in Name of the Proposer
- b. Rectification in Name of the Prospect
- c. Rectification in Gender of the Prospect
- d. Rectification in Relationship of the Prospect with the Proposer
- e. Rectification of Date of Birth of the Prospect (if this does not impact the premium)
- f. Change in the correspondence address of the Proposer
- g. Change / Updation in the contact details viz., Phone No., E-mail Id, etc.

13. SCHEDULE OF DISCOUNT

S. No.	Description	Premium Discount	
		No. of Members	Discount
1.	Family Option Discount - Discount will be applicable on the premium of additional person if more than one person of the same family is covered in the same policy for same Sum Insured on individual basis	2	5.0%
		3	10.0%
		4	15.0%
		5	17.5%
		6 & above	20.0%
2.	Discount for Employees and/or their dependents of: - RHICL - RHICL Promoters/shareholder entities	15%	

Note: Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.

14. SCHEDULE OF BENEFITS

S. No.	Description	Explore Asia (Plan 1)	Explore ANZ (Plan 2)	Explore Africa (Plan 3)	Explore Europe (Plan 4)	Explore Canada+ (Plan 5)	Explore Silver(Plan 6)	Explore Gold (Plan 7)	Explore Platinum (Plan 8)
1	Sum Insured	US \$ 10k, 25K, 50K & 100K	US \$ 25K, 50K & 100K	US \$ 25K, 50K & 100K	€ 30K & 100K	US \$ 50K & 100K	US \$ 25K, 50K & 100K,200k	US \$ 50K, 100K, 200k, 300K & 500K	US \$50K, 100K, 300K 500K, 750k, 1000k
2	Geographical Scope	Asia	Australia & New Zealand	Africa	Europe & UK	Worldwide excluding US	Worldwide Including US & Canada / Worldwide excluding US & Canada		
3	Trip Options								
	Single Trip	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Multi-trip (Policy will be on annual basis)	Yes	No	No	No	No	Yes	Yes	Yes
4	Trip Duration (in days) – Single Trip								
	Minimum	2	2	2	2	2	2	2	2
	Maximum	365	365	365	365	365	365	365	365
5	Trip Duration (in days) – Multi-trip								
	Maximum Trip Duration	15 or 21 or 30 or 45 or 60 or 90 days	N.A.	N.A.	N.A.	N.A.	15 or 21 or 30 or 45 or 60 or 90 days	15 or 21 or 30 or 45 or 60 or 90 days	15 or 21 or 30 or 45 or 60 or 90 days
6	Entry Age – Single Trip								
	Minimum	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years

	Maximum	Child: 24 Years Adult: Life-long	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Life-long	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Lifelong
7	Entry Age – Multi-trip	Yes	No	No	No	No	Yes	Yes	Yes
	Minimum	Child: 1 day Adult: 18 Years	N.A.	N.A.	N.A.	N.A.	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years	Child: 1 day Adult: 18 Years
8.	Maximum	Child: 24 Years Adult: Life-long	N.A.	N.A.	N.A.	N.A.	Child: 24 Years Adult: Life-long	Child: 24 Years Adult: Lifelong	Child: 24 Years Adult: Lifelong
9	Family Option* (Available only for Single Trip Policies).	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Plan Detail		Explore Asia	Explore Anz	Explore Africa	Explore Europe	Explore Canada+	Explore Silver	Explore Gold	Explore Platinum
Sub-limits applicable for In-patient Care		✓	✓	✓	✓	✓	✓	✓	No sub-limits restriction under this plan by default
Benefit	Deductible/Time Excess								
Hospitalization Expenses		✓	✓	✓	✓	✓	✓	✓	✓
-In-patient Care	US \$ 100 / € 75	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
-Out-patient Treatment	US \$ 100 / € 75	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Daily Allowance	2 days	US \$ 25 per day, max 5 consecutive days	US \$ 25 per day, max 5 consecutive days	US \$ 25 per day, max 5 consecutive days	€ 25 per day, max 5 consecutive days	US \$ 25 per day, max 5 consecutive days	✗	US \$ 25 per day, max 5 consecutive days	US \$ 25 per day, max consecutive 5 days
Compassionate Visit	N.A.	✗	✗	✗	✗	✗	✗	✗	Up to US \$ 5,000
Return of Minor Child	N.A.	✗	✗	✗	✗	✗	✗	✗	Up to US \$ 2,000

Up-gradation to Business Class	N.A.	Up to US \$ 1,000	Up to US \$ 1,000	Up to US \$ 1,000	Up to € 750	Up to US \$ 1,000	✗	Up to US \$ 1,000	Up to US \$ 1,000
Dental Treatment	US \$ 100 / € 75	Up to US \$ 300	Up to US \$ 300	Up to US \$ 300	Up to € 300	Up to US \$ 300	Up to US \$ 300	Up to US \$ 400	Up to US \$ 500
Personal Accident	N.A.	US \$ 15,000	US \$ 15,000	US \$ 15,000	€ 10,000	US \$ 15,000	US \$ 15,000	US \$ 20,000	US \$ 25,000
Common Carrier Accidental Death and Disability	N.A.	✗	✗	✗	✗	✗	✗	✗	US \$ 5,000
Repatriation of Mortal Remains	N.A.	Up to US \$ 10,000	Up to US \$ 25,000	Up to US \$ 10,000	Up to € 30,000	Up to US \$ 50,000	Up to US \$ 50,000	Up to US \$ 50,000	Up to US \$ 50,000
Trip Cancellation	N.A.	Up to US \$ 1,000	Up to US \$ 1,000	Up to US \$ 1,000	Up to € 750	Up to US \$ 1,000	NA	Up to US \$ 1,000	Up to US \$ 1,000
Trip Interruption	N.A.	Up to US \$ 500	Up to US \$ 500	Up to US \$ 500	Up to € 300	Up to US \$ 500	NA	Up to US \$ 500	Up to US \$ 500
Trip Delay		\$25 per each set of 4 hours delay; Up to 150 \$	\$25 per each set of 4 hours delay; Up to 150 \$	\$25 per each set of 4 hours delay; Up to 150 \$	€ 20 per each set of 4 hours delay; Up to 120 €	\$25 per each set of 4 hours delay; Up to 150 \$	NA	\$25 per each set of 4 hours delay; Up to 150 \$	\$25 per each set of 4 hours delay; Up to 150 \$
Loss of Checked-in Baggage	\$50/€30	Up to US \$ 500	Up to US \$ 500	Up to US \$ 500	Up to € 300	Up to US \$ 500	NA	Up to US \$ 750	Up to US \$ 1000
Delay of Checked-in Baggage	12 hours	US \$ 100	US \$ 100	US \$ 100	€ 100	US \$ 100	NA	US \$ 100	US \$ 100
Loss of Passport and/ or International Driving License	N.A.	US \$ 300; Max. US \$ 100 in case of loss of IDL	US \$ 300; Max. US \$ 100 in case of loss	US \$ 300; Max. US \$ 100 in case of loss of IDL	€ 200; Max. € 75 in case of loss of IDL	US \$ 300; Max. US \$ 100 in case of loss of IDL	NA	US \$ 300; Max. US \$ 100 in case of loss of IDL	US \$ 300; Max. US \$ 100 in case of loss of IDL
Personal Liability	US \$ 100 / € 75	Up to US \$ 100,000	Up to US \$ 100,000	Up to US \$ 100,000	Up to € 75,000	Up to US \$ 100,000	NA	Up to US \$ 100,000	Up to US \$ 100,000
Hijack Distress Allowance	N.A.	\$100 per day for max. 5 consecutive days	\$100 per day for max. consecutive 5 days	\$100 per day for max. 5 consecutive days	€75 per day for max. 5 consecutive days	\$100 per day for max. 5 consecutive days	NA	\$100 per day for max. 5 consecutive days	\$100 per day for max. 5 consecutive days
Missed Flight Connection	6 hours	Up to \$300	Up to \$300	Up to \$300	Up to €200	Up to \$300	NA	Up to \$300	Up to \$300
Automatic Trip Extension	as applicable under Benefit 1	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days	Up to 7 consecutive days

Value Added Services (VAS)	VAS Services are provided by Assistance Service Provider such as Medical Evacuation, Emergency Medical Repatriation, Psychological Hotline etc refer to Policy Wordings for details								
Optional Benefits									
Life Threatening Condition due to PED	as applicable under Benefit 1	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to	Up to 10%; Max. up to
		\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	€10000 /25% Max. up to €25000 /100% of SI; Max. up to €100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000	\$10000 /25% Max. up to \$25000 /100% of SI; Max. up to \$100000
Medical Expenses due to Accident only	as applicable under Benefit 1	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Option of Waiver of Deductible	NA	Available	Available	Available	Available	Available	Available	Available	Available
Adventure Sports Cover	\$100/€75	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident	Up to 25% of Coverage Amount of Hospitalization Expenses and Personal Accident
Refund of Visa fee (if visa Rejected)	NA	Up to \$150	Up to \$150	Up to \$150	Up to €100	Up to \$150	Up to \$150	Up to \$150	Up to \$150
Option of Waiver of Sub-limit	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No sub-limits restriction under this plan by default
Option of Co-payment	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No Co-pay restriction on this Plan by default

Optional Package									
Loss of Laptop/ Tablet, Hand Baggage and Personal Belongings	\$50/€30	Up to \$100	Up to \$100	Up to \$100	Up to € 75	Up to \$100	Up to \$100	Up to \$300	Up to \$300
Bounced Booking - Hotel/Common Carrier	\$100/€75	Up to \$500	Up to \$500	Up to \$500	Up to €300	Up to \$500	Up to \$500	Up to \$500	Up to \$500
Home to Home Cover	NA	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI

**Co-payment if Opted will be applicable on Hospitalization Expenses, Up-gradation to Business Class, Life Threatening Condition for PED (if opted), Medical Expenses due to Accident only(if opted), Adventure Sports Cover(if Opted).

ABOUT US

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of ‘consumer-centricity’, the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in December 2024 Care Health Insurance was conferred the ‘Overall Achievement Award’ (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and ‘Smart Insurer’ and ‘Sales Champion’ awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was awarded ‘Best Health Insurance Plan – Care Plus’ at the Global Financial Planner’s Summit 2024 held in October’24.

Contact details for Claims & Policy Servicing

Registered Office	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of product *explorē*. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation.

IRDA Registration Number - 148

UAN: 25036635

CIN: U66000DL2007PLC161503

UIN: RHITIOP20134V031920

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions,

available on request.

2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.religarehealthinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Annexure I
List of expenses Generally Excluded(“Non-medical”) in Hospital Indemnity Policy

S.No.	Item
1	Baby Food
2	Baby Utilities Charges
3	Beauty Services
4	Belts/ Braces
5	Buds
6	Cold Pack/ Hot Pack
7	Carry Bags
8	Email/ Internet Charges
9	Food Charges (Other Than Patient's Diet Provided By Hospital)
10	Leggings
11	Laundry Charges
12	Mineral Water
13	Sanitary Pad
14	Telephone Charges
15	Guest Services
16	Crepe Bandage
17	Diaper Of Any Type
18	Eyelet Collar
19	Slings
20	Blood Grouping And Cross Matching Of Donors Samples
21	Service Charges Where Nursing Charge Also Charged
22	Television Charges
23	Surcharges
24	Attendant Charges
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)
26	Birth Certificate
27	Certificate Charges
28	Courier Charges
29	Conveyance Charges
30	Medical Certificate
31	Medical Records
32	Photocopies Charges
33	Mortuary Charges
34	Walking Aids Charges
35	Oxygen Cylinder (For Usage Outside The Hospital)
36	Spacer
37	Spirometre
38	Nebulizer Kit
39	Steam Inhaler
40	Armsling

41	Thermometer
42	Cervical Collar
43	Splint
44	Diabetic Foot Wear
45	Knee Braces (Long/ Short/ Hinged)
46	Knee Immobilizer/ Shoulder Immobilizer
47	Lumbo Sacral Belt
48	Nimbus Bed Or Water Or Air Bed Charges
49	Ambulance Collar
50	Ambulance Equipment
51	Abdominal Binder
52	Private Nurses Charges- Special Nursing Charges
53	Sugar Free Tablets
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
55	Ecg Electrodes
56	Gloves
57	Nebulisation Kit
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]
59	Kidney Tray
60	Mask
61	Ounce Glass
62	Oxygen Mask
63	Pelvic Traction Belt
64	Pan Can
65	Trolley Cover
66	Urometer, Urine Jug
67	Ambulance
68	Vasofix Safety

List II - Items that are to be subsumed into Room Charges

S.No.	Item
1	Baby Charges (Unless Specified/ Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne/ Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Paper
12	Tooth Paste

13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions
20	Luxury Tax
21	HVAC
22	House Keeping Charges
23	Air Conditioner Charges
24	IM IV Injection Charges
25	Clean Sheet
26	Blanket/ Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges/ Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass/ Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses/ Misc. Charges (Not Explained)
36	Patient Identification Band/ Name Tag
37	Pulseoxymeter Charges

List III - Items that are to be subsumed into Procedure Charges

S.No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	DVD, CD Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonicscalpel, Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton

19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

List IV - Items that are to be subsumed into costs of treatment

S.No.	Item
1	Admission/ Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capo Equipments
7	Infusion Pump- Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants etc
9	Nutrition Planning Charges - Dietician Charges-Diet Charges
10	HIV Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabs
16	Scrub Solutionsterillium
17	Glucometer & Strips
18	Urine Bag

Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 E-mail : bimalokpal.ahmedabad@ cioins.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shi- kha, opp. Gayatri Mandir, 60-B, Hoshang- abad Road, Bhopal-462011 Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins. co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@ cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@ cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins. co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

DELHI	Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504/ 46013992 Email: bimalokpal.delhi@cioins. co.in	Delhi, Haryana- Gurugram , Faridabad , Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205 / 2631307 Email: bimalokpal.guwahati@cioins. co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@ cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins. co.in	Rajasthan
KOCHI	Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@ cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins. co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins. co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitra- koot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kan- pur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Am- ethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022 –69038800/33 Email: bimalokpal.mumbai@cioins. co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins. co.in	Bihar, Jharkhand
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins. co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orai- yya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gau- tambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins. co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.carehealthinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel : 022-69038800/33
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